Pool Measuring Form

Name: ______ Address: _____ City: ____ State: ____ Zip: ____ Phone: _____ FAX: ___ Date: ____ Order: ____ Note: You must sign and date the reverse side

THE PLACE FOR ALL YOUR POOL NEEDS

574 Main Street Tonawanda, NY 14150 1-800-356-3025

FAX: 1-800-460-6830

Note: You mu	ust sign and date the i			
Fiberglass Steps YES NO (if yes, please mark location drawing below)	Vinyl Covered Steps ☐ YES ☐ NO		Safety Ledge YESIn. NO	Wall (circle one) Beaded Overlapin. Overlap w/Tilein.
·		SIDEVIEW		A DEEP END WEW
Rectangle B Oval TOP VIEW Grecian B A TOP VIEW				
/inyl Covered Steps (check	Top Step Corners: Square Radius Inches Diagonal Inches Tread & Riser Material Pattern: Same as floor (standard)	**D	t equal wall height of shallow end B FFF must equal B H+++-J must equal C	B T T T T T T T T T T T T T T T T T T T
*** G *** H *** I	☐ White Non-Skid☐ Blue Non-Skid		Rectangle Corner	□ Bowed
*** J K L	Rod Pockets: ☐ Yes ☐ No Size Diameter of rod Nailer Flaps: ☐ Yes ☐ No	Step Location: ☐ Center End Shallow ☐ Other (Provide Drawing)	Setb	Setback: Yes No If yes, see below. ack Width (K)inches traight Angled (L)inches